

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120202	BOLTON HIGH SCHOOL			NTNC	304	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
72 BRANDY STREET				1				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00701)**

<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120202	BOLTON HIGH SCHOOL			NTNC	304	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
72 BRANDY STREET			1				
Towns Served: BOLTON							

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2019	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		BHS-1	KITCHEN HAND SINK	A	Y	2	Y	
		BHS-2	STAFF KITCHEN SINK	A	Y	2		
		BHS-3	NURSES HAND SINK	A	Y	2		
		BHS-4	RM 13 HANDICAP SINK	A	Y	2		
		BHS-5	SUPERVISOR B&G SINK	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT	3	ENTRY POINT	A				
57655	WELL A	2	WELL A	A				
57657	WELL B	2	WELL B	A				
57659	ATMOSPHERIC TANK							
57663	BLADDER TANK							
57665	TREATMENT PLANT							

### Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 57665)

#### Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020

### Contact Information

Name				Organization			Job Title		
Mr. Paul K. Smith							Superintendent		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
108 Notch Road						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-643-1569	126	860-647-8452			paulk.smith@boltonct.org				
Contact Role(s): Legal Contact									

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0120202</b>	<b>BOLTON HIGH SCHOOL</b>	<b>NTNC</b>	<b>304</b>	<b>L</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
72 BRANDY STREET		1			
Towns Served: BOLTON					
Name		Organization		Job Title	
Town of Bolton					
Mailing Address Line One		Mailing Address Line Two		City	State
72 Brandy St				Bolton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): <b>Legal Contact, Owner</b>					
Name		Organization		Job Title	
Mrs. Kristin B. Heckt		Bolton Public Schools		Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State
72 Brandy Street				Bolton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-643-1569	3407	860-647-8452		860-539-5029	kristin.heckt@boltonct.org
Contact Role(s): <b>Administrative Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120212	BOLTON CENTER SCHOOL (K-8)			NTNC	756	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
108 NOTCH ROAD			4				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 11/30/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
<b>Total Coliform (3100)</b>		<b>3 (TR) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	12/1/18 - 12/31/18		
<b>Lead And Copper (PBCU)</b>		<b>10 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>			
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120212	BOLTON CENTER SCHOOL (K-8)			NTNC	756	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
108 NOTCH ROAD				4				
Towns Served: BOLTON								

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility: WELL 2 (WSF ID: 10049)

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	11/6/18 - 11/12/18		Complete
	11/27/18 - 12/3/18		
	11/27/18 - 12/3/18		

Water System Facility: WELL 1 (WSF ID: 10050)

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	11/6/18 - 11/12/18		Complete
	11/27/18 - 12/3/18		
	11/27/18 - 12/3/18		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2019	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW003	DISTRIBUTION	A	Y			
		MW003-S	KITCHEN SINK/STORAGE	A	Y	N		
		MW021-1	ROOM 1	A	Y			
		MW027-1	ROOM 1	A	Y	N		
		MW027-15	ROOM 15	A	Y	N		
		MW027-19	ROOM 19	A	Y	N		
		MW027-2	ROOM 2	A	Y	N		
		MW027-40	ROOM 40	A	Y	N		
		MW027-5	ROOM 5	A	Y	N		
		MW027-ELRS	STAFF LUNCH RM SINK	A	Y	N		
		MW032	HWY GARAGE	A	Y	N		
		MW033	YMCA	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120212	BOLTON CENTER SCHOOL (K-8)			NTNC	756	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
108 NOTCH ROAD			4				
Towns Served: BOLTON							

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
10049	WELL 2	2	WELL 2	A				
10050	WELL 1	2	WELL 1	A				
48176	ATMOSPHERIC STORAGE							
48178	PRESSURE STORAGE							
48713	I&M WTP							

### Certified Operator Information

Water System Facility: **I&M WTP (WSF ID: 48713)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

### Contact Information

Name		Organization		Job Title	
<b>Mr. Paul K. Smith</b>				Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
108 Notch Road				Bolton	CT 06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-643-1569	126	860-647-8452			paulk.smith@boltonct.org

Contact Role(s): **Legal Contact**

Name		Organization		Job Title	
<b>Mrs. Kristin B. Heckt</b>		Bolton Public Schools		Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
72 Brandy Street				Bolton	CT 06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-643-1569	3407	860-647-8452		860-539-5029	kristin.heckt@boltonct.org

Contact Role(s): **Administrative Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

*If you have any questions, please contact the Drinking Water Section at (860) 509-7333.*

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120302	SIMONIZ USA			NTNC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 BOSTON TURNPIKE ROAD			1				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
Lead And Copper (PBCU)		5 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120302	SIMONIZ USA			NTNC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 BOSTON TURNPIKE ROAD				1				
Towns Served: BOLTON								

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

**Pesticides, Herbicides and PCBs-Phase V (SOC5)** **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

**Organic Chemicals (VOCS)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Lead and Copper M&R Violation	1/1/18 - 12/31/18	3	3/3/2020	3/12/2019	3/13/2020	3/12/2019

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SWS001	HANDICAP BATHROOM	P	Y	1		
		SWS002	MENS BATHROOM	P	Y	1		
		SWS003	LADIES BATHROOM	P	Y	1		
		SWS004	BREAK ROOM	P	Y	1		
		SWS005	CAFETERIA	P	Y	1		
		SWS006	ENTRY POINT	P				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10051	WELL 1	2	WELL	A				
54966	STORAGE TANKS							

### Certified Operator Information

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120302	SIMONIZ USA			NTNC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 BOSTON TURNPIKE ROAD			1				
Towns Served: BOLTON							

### Certified Operator Information

**Water System Facility:** DISTRIBUTION SYSTEM (WSF ID: 00600)

**Facility Classification:** SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

### Contact Information

Name				Organization			Job Title		
Mr. William Hibbard				Simoniz USA Inc.			Plant Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
201 Boston Turnpike						Bolton		CT	06043
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	
860-646-0172		105	860-645-6070				860-209-0970		

**Contact Role(s):** Administrative Contact, Legal Contact

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120024	ABLE COIL			NTNC	50	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
25 HOWARD ROAD					1			

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	
Lead And Copper (PBCU)		5 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120024	ABLE COIL			NTNC	50	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
25 HOWARD ROAD				1			
Towns Served: BOLTON							

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2023	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Lead and Copper M&R Violation	1/1/18 - 12/31/18	3	3/3/2020		3/13/2020	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20225	WELL	2	WELL	A				

### Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
STAVENS, JOEL	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2020

### Contact Information

Name		Organization		Job Title		
Mr. Steven Rockefeller		Able Coil & Electronics		President		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
25 Howard Road		P.O. Box 9127		Bolton	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-646-5686	101	860-646-5678		860-211-5006	steven@ablecoil.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0120024</b>	<b>ABLE COIL</b>	<b>NTNC</b>	<b>50</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
25 HOWARD ROAD				<b>1</b>	
Towns Served: <b>BOLTON</b>					
Name		Organization		Job Title	
<b>Howard Road Realty LLC</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
P. O. Box 9127				<b>Bolton</b>	<b>CT</b>
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): <b>Owner</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY			NTNC	42	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BOSTON TURNPIKE					1			

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
<b>Lead And Copper (PBCU)</b>		<b>1 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/18 - 12/31/18		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY			NTNC	42	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
291 BOSTON TURNPIKE		Connections		1			
Towns Served: BOLTON							

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

#### Organic Chemicals (VOCS)

1 routine (RT) per three years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	Daily
Start Date: 1/3/2003	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018		N
	12/1/2018 - 12/31/2018		N
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SWTS 1: PWS TO RECOMMEND SOWT	3/31/2017	
CCTS 1: PWS TO RECOMMEND OCCT	3/31/2017	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/30/2017	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2018	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	9/30/2018	
CCTS 1: PWS TO RECOMMEND OCCT	12/31/2018	
SWTS 1: PWS TO RECOMMEND SOWT	12/31/2018	
CROSS CONNECTION EXEMPTION	3/1/2019	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/30/2019	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2020	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Physical Parameters M&R Violation	3/1/11 - 5/30/11	3	2/19/2011		3/1/2011	
Lead and Copper TT Violation	4/1/17 -	3	8/26/2017		9/5/2017	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY			NTNC	42	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BOSTON TURNPIKE					1			

Towns Served: BOLTON

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		MW001-D	DOWNSTAIRS MENS ROOM	A	Y	N	Y	
		MW003	KITCHEN	A	Y	N		
		MW005	BREAK ROOM	A	Y			
		MW017-U	UPSTAIRS BATHROOM	A	Y	N		
		MW027-DRNB	DRESS ROOM NEW BLDG	A	Y	N		
		MW038	HANDICAP NEW BLDG	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10809	WELL	2	WELL	A				
1093	POTASH INJECTION SYSTEM							

### Certified Operator Information

Water System Facility: **POTASH INJECTION SYSTEM (WSF ID: 1093)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

### Contact Information

Name		Organization		Job Title		
Mr. Micheal Gamache		291 Boston Tpke Associates LLC		Manager		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
291 Boston Turnpike		P O Box 9546		Bolton	CT	06043-9546
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-643-1531		860-646-2645			MEG@CJMCO.COM	

Contact Role(s): **Legal Contact, Owner**

Name		Organization		Job Title		
Mr. Bart Bauers Jr.				Cfo		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
291 Boston Turnpike		P.O. Box 9546		Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-643-1531	104	860-646-2645				

Contact Role(s): **Legal Contact**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0120424</b>	<b>THE CARLYLE JOHNSON MACHINE COMPANY</b>	<b>NTNC</b>	<b>42</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
291 BOSTON TURNPIKE				1	
Towns Served: BOLTON					
Name		Organization		Job Title	
<b>Mr. Donald J. Hartl</b>		Carlyle Johnson Machine Co.			
Mailing Address Line One		Mailing Address Line Two		City	State
291 Boston Tpke.		PO Box 9546		Bolton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-643-1531	107	860-646-2645			MAXITORQ@CJMCO.COM
Contact Role(s): <b>Administrative Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120434	COMCAST CORPORATION			NTNC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
200 BOSTON TURNPIKE					1			

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120434	COMCAST CORPORATION			NTNC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
200 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 1/1/2004	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018		N
	12/1/2018 - 12/31/2018		N
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2018	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BB100	BASEMENT BATH	P		3		
		BR400	BREAK ROOM	P		3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		FFB200	FIRST FLOOR BATH	P	Y	3		
		OSC500	OUTSIDE SILLCOCK	P		3		
		SFB300	SECOND FLOOR BATH	P		3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10968	WELL	2	WELL	A				
1660	WTP - PH ADJ							

### Certified Operator Information

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0120434	COMCAST CORPORATION			NTNC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
200 BOSTON TURNPIKE				1			

Towns Served: BOLTON

### Certified Operator Information

Water System Facility: **WTP - PH ADJ (WSF ID: 1660)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

### Contact Information

Name		Organization		Job Title		
<b>Mr. Robert Brown</b>		Comcast				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
854 Farmington Avenue				West Hartford	CT	06179
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-505-2090						

Contact Role(s): **Administrative Contact**

Name		Organization		Job Title		
<b>Mr. Bill Johnson</b>		Comcast		Facility Mngr		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
854 Farmington Ave				West Hartford	CT	06119
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-505-3356		860-519-1639				

Contact Role(s): **Legal Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120343	HANS CHRISTIAN ANDERSEN MONTESSORI			NTNC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
212 BOLTON CENTER ROAD				2				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0120343	HANS CHRISTIAN ANDERSEN MONTESSORI			NTNC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
212 BOLTON CENTER ROAD				2				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS)	1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BTHRSINK	BATHROOM SINK	A	Y	2		
		CLSSRM	CLASSROOM	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITSINK	KITCHEN/ENTRY POINT	A	Y	2	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10717	HANS CHRISTIAN ANDERSEN MONTESSORI WELL	2	HANS CHRISTIAN ANDER	A				

### Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NAVICKIS, THOMAS L.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2021

### Contact Information

Name			Organization			Job Title		
Hans Christian Anderson								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
212 Bolton Center Rd						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): Legal Contact, Owner

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0120343</b>	<b>HANS CHRISTIAN ANDERSEN MONTESSORI</b>	<b>NTNC</b>	<b>30</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
212 BOLTON CENTER ROAD		2			
Towns Served: BOLTON					
Name		Organization		Job Title	
<b>Mrs. Regina L. Kiser</b>		Hans Christian Andersen M. Sch		Director	
Mailing Address Line One		Mailing Address Line Two		City	State
		212 Bolton Center Road		Bolton	CT
				Zip Code	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-646-5727					admin@hcams.org
Contact Role(s): <b>Administrative Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN			NTNC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Chloride (1017)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN			NTNC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				

Towns Served: BOLTON

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

**Pesticides, Herbicides and PCBs - Phase II & V (SOCS)** **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

**Organic Chemicals (VOCS)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.2 PH	4
Start Date: 4/1/2018	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018		N
	12/1/2018 - 12/31/2018		N
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.8 PH	4
Start Date: 4/1/2018	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2018 - 11/30/2018	Y	Y
	12/1/2018 - 12/31/2018	Y	Y
	1/1/2019 - 1/31/2019		N
	2/1/2019 - 2/28/2019		N
	3/1/2019 - 3/31/2019		
	4/1/2019 - 4/30/2019		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CCTS 7: DWS TO SPECIFY OPTIMAL WQPS		
CCTS 6: PWS MONITOR AFTER OCCT INSTALL		
CROSS CONNECTION EXEMPTION	3/1/2018	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
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*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN			NTNC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				

Towns Served: BOLTON

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Thallium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Beryllium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Antimony M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Sulfate M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Sodium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Silver M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Selenium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Nickel M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Mercury M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Fluoride M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Cyanide M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Chromium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Cadmium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Barium M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019
Arsenic M&R Violation	1/1/17 - 12/31/17	3	3/9/2019	2/7/2019	3/19/2019	2/7/2019

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW003	KITCHEN	A	Y	3		
		MW005	BREAK ROOM	A	Y	3		
		MW027-CDY	CANDY ROOM	A	Y	3		Y
		MW027-ERB	ENROBER ROOM	A	Y	3		
		MW027-OB	OFFICE BATHROOM	A	Y	3		Y
		MW027-PAC	PACKING ROOM	A	Y	3		
		MW028-E	EMPLOYEE LOUNGE	A	Y	3	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10933	WELL #1	2	WELL #1	A				
1662	TREATMENT PLANT							
54345	BLADDER TANKS							
54347	ATMOSPHERIC TANKS							
54349	PUMP STATION							

### Certified Operator Information

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN			NTNC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				

Towns Served: BOLTON

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 1662)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

### Contact Information

Name		Organization		Job Title		
<b>Mr. Robert Munson</b>		Munson's Candy Kitchen		Owner/President		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
174 Hop River Rd				Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-649-4332		860-649-7209				

Contact Role(s): **Legal Contact, Owner**

Name		Organization		Job Title		
<b>Mr. Jim Florence</b>		Munson's Candy Kitchen				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
174 Hop River Road				Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-649-4332					jim@munsonschocolates.com	

Contact Role(s): **Administrative Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**

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